

THE CONTENTS OF THIS SECTION ARE
THE HIGHEST QUALITY AVAILABLE

INITIAL gj DATE 11/27/01

PAGE NUMBERING SEQUENCE IS INCONSISTENT

Appendix A

CERCLA WASTE STORAGE AREA CHECKLIST (SAMPLE)

(This sample checklist is produced for information purposes only. It is an example of a checklist that could be effectively used in waste storage area management under this plan.)

CERCLA STORAGE AREA INSPECTION CHECKLIST (SAMPLE)

Registration Number:

YES NO N/A

- | 1. | ___ | ___ | ___ | Is there Waste in the Area? IF "NO", Inspection is complete, sign and date below. |
|-----|-----|-----|-----|--|
| 2. | ___ | ___ | ___ | Is an up-to-date copy of the registration form posted at the area? |
| 3. | ___ | ___ | ___ | Are " <u>NO SMOKING</u> " signs posted in the area if storing RCRA Ignitable or Reactive waste? |
| 4. | ___ | ___ | ___ | Are all waste containers labeled with the words "CERCLA WASTE" and an IWTS barcode? |
| 5. | ___ | ___ | ___ | Are all non-waste Items stored in the area appropriately marked or labeled for identification? |
| 6. | ___ | ___ | ___ | Is the housekeeping in the area adequate? |
| 7. | ___ | ___ | ___ | Is there adequate aisle space for personal and equipment to respond to emergencies? |
| 8. | ___ | ___ | ___ | Are all waste containers closed except when adding or removing waste? |
| 9. | ___ | ___ | ___ | Is each waste container compatible with the waste stored in it? |
| 10. | ___ | ___ | ___ | Are all wastes segregated within the area to maintain requirements for compatibility? |
| 11. | ___ | ___ | ___ | Do quantities recorded in the log book equal quantities stored in the area? |
| 12. | ___ | ___ | ___ | Are waste types and quantities in accordance with those specified in the Appendix L? |

13. ___ ___ ___ Is the Emergency and Communications Equipment present as listed in the Appendix L?
14. ___ ___ ___ Are there, or have there been, any releases or spills in the area since the last inspection?
15. ___ ___ ___ If "Yes" to question 17, has the spill or release been reported to the Emergency Coordinator listed in the Appendix L?
16. ___ ___ ___ If "Yes" to 17, has the spill or release been remediated and the spill and remediation documented on this checklist?
17. ___ ___ ___ Are all containers and/or PCB items in good condition with no leakage or signs of deterioration?
18. ___ ___ ___ Is PCB containment volume equal to 2 times the internal volume of the largest PCB article or PCB container, or 25% of the total internal volume of all PCB articles or containers, whichever is greater?
19. ___ ___ ___ Is the entrance to PCB storage marked with a large PCB M_L mark? (40 CFR 761.45)?
20. ___ ___ ___ Is each PCB item or container marked with a PCB M_L or M_S mark?
21. ___ ___ ___ Are items marked with an out-of-service date?
22. ___ ___ ___ Have previously identified deficiencies undergone resolution? Indicate status on back of inspection form.

CERTIFICATION OF INSPECTION

I certify that all of the above applicable items have been inspected. Date _____ Time _____

Name (print) _____ Inspector
Signature _____

DEFICIENCY RESOLUTION TRACKING TABLE

For each “No” answer identified on the inspection checklist, note the item number and describe the nature of the deficiency in the table. Each week, indicate the status of previously identified deficiencies that have not yet been resolved.

[illegible]

This Checklist must be maintained at the facility for the current inspection year and 5 years hence.

